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PTO/SB/22 (09-05) Hough 7/31/2920, ONB 0851-0031

| • | PETITION FOR EXTENSION OF | | | Docket N | # displays a yally ONE control pumber. umber (Optional) : 22078-00001-US | |
|---|--|---|--|--|--|--|
| | in re Application of Douglas Rawson-Harris | | | | | |
| | | | Application Number Filed 10/069,146-Conf. #1778 February 22, 2 | | | |
| | For SECURITY SCREW | | | | | |
| | | Art Unit | 3723 | Examiner | Thomas, David B. | |
| | This is a request under the provisions of 37 CFR 1.138(e) to extend the period for filling a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): X One month (37 CFR 1.17(a)(1)) | | | | | |
| | Two months (37 CFR 1.1 | | | 3 | \$ 110.00 \$ \$ | |
| | Three months (37 CFR 1 | | | | | |
| | Four months (37 CFR 1.1 | | • | | | |
| | Five months (37 CFR 1.1 | | | s | | |
| | i promi | | FR 1.27. Therefore | | | |
| | reduced by one-half, and the n A check in the amount of the form Payment by credit card. Form | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00 A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0185 | | | | | |
| | | | | | | |
| | I have enclosed a duplicate co | | | | | |
| | l am the applicant/inventor. assignes of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| | | | | | | |
| | attorney or agent of | | | | | |
| attorney or agent under 37 CFR 1.34(a). | | | | | | |
| | Registration number July 30, 2004 | er if acting under 3 | 7 CFR 1.34(a) | 47,341 | outh Wyke | |
| | Date (202) 331-7111 | | 7.00 | Signati | - 1 | |
| | Telephone Number | | | Myron Kelth Wyche Typed or printed name | | |
| NOTE: Signatures of all the inventors or assignous of record of the entire interest or that representative(s) are required. Sitian one signature is required, see below | | | | | 1. Submit mubiple forms if more | |
| | Total of 1 | forms are submit | sd. | | ; | |
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| PAGE 5/15 * RCVD AT 7/20/2004 11:36:18 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/1 * DMS:8720306 * CSID:20/20/20/20/20/20/20/20/20/20/20/20/20/2 | | | | | | |
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